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### Correction to: The oxygen reserve index (ORI)

Scheeren, T. W. L.; Belda, F. J.; Perel, A.

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## Correction to: The oxygen reserve index (ORI): a new tool to monitor oxygen therapy

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In the original publication of the article, the authors have realized an error in Fig. 1. The corrected version of Fig. 1 is given below.

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The original article can be found online at <https://doi.org/10.1007/s10877-017-0049-4>.

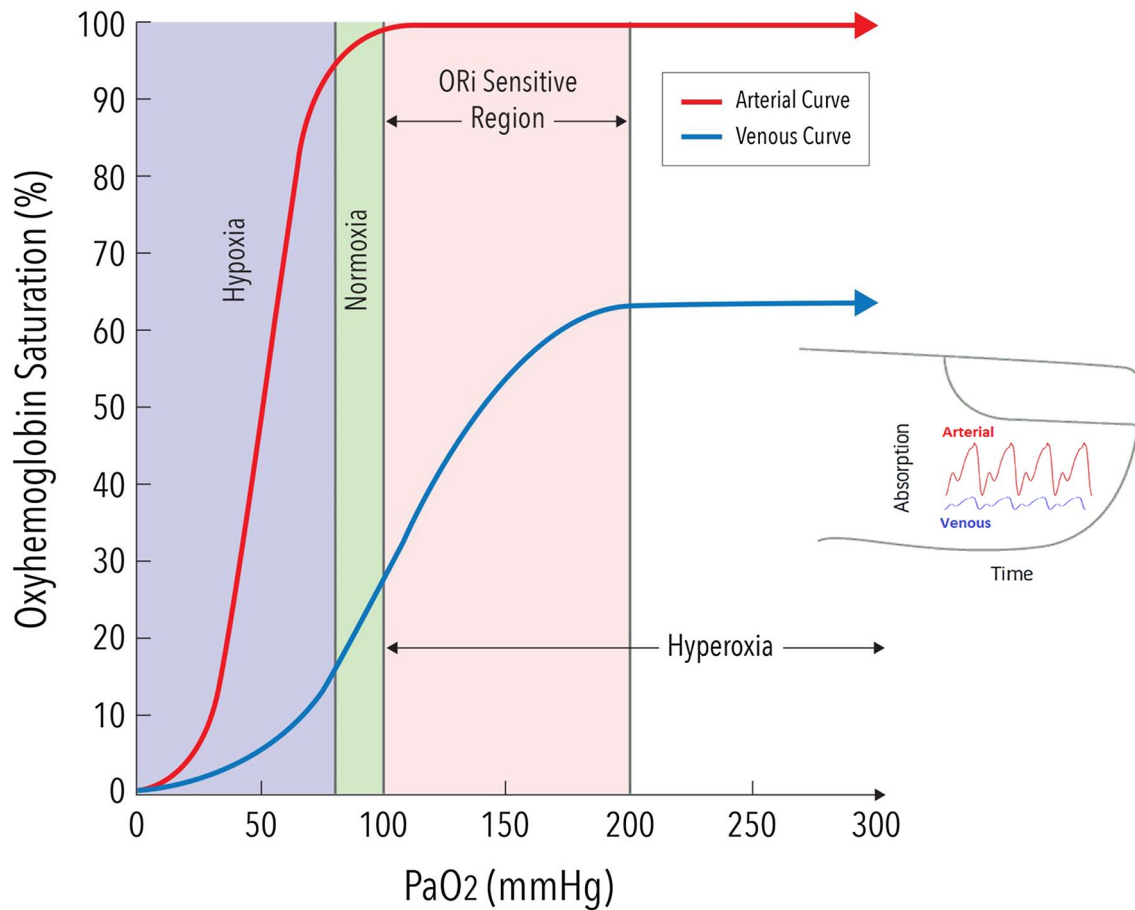
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**Fig. 1** Schematic representation of arterial (red line) and venous (blue line) oxyhaemoglobin dissociation curves. In the hypoxic range ( $\text{PaO}_2 < 100$  mmHg), arterial oxygenation can be assessed by pulse oximetry ( $\text{SpO}_2$ ). As  $\text{PaO}_2$  increases beyond 100 mmHg, venous saturation ( $\text{SvO}_2$ ) at the measurement site increases even though arterial saturation ( $\text{SaO}_2$ ) remains maximal and unchanged. This change in  $\text{SvO}_2$  causes changes in absorption of the incident light (and hence

a change in measured signals) as  $\text{PaO}_2$  changes. With Masimo's Rainbow SET technology these signals are extractable and the system is able to detect changes in  $\text{PaO}_2$  through changes in  $\text{SvO}_2$  at the measurement site.  $\text{SvO}_2$  reaches a plateau beyond a certain level of  $\text{PaO}_2$ , approximately 200 mmHg (hyperoxic range), and consequently ORI is sensitive to the changes in  $\text{PaO}_2$  in the range between 100 and 200 mmHg (orange shaded area)

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